

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	VERTEBRAL OSTEOSYNTHESIS EQUIPMENT
Attorney Docket Number::	0573-1025
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: JEAN-LUC  
Middle Name::  
Family Name:: CLEMENT  
Name Suffix::  
City of Residence:: LA COLLE SUR LOUP  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 230, CHEMIN MONTFORT  
Address::  
City of Mailing Address:: LA COLLE SUR LOUP  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-06480

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: VINCENT  
Middle Name::  
Family Name:: FIERE  
Name Suffix::  
City of Residence:: LYON  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 50 BD DES BELGES  
Address::  
City of Mailing Address:: LYON

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-69006

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: JEAN  
Middle Name::  
Family Name:: TAYLOR  
Name Suffix::  
City of Residence:: CANNES  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing VILLA PORALTO  
Address:: 25 AVENUE DE PORALTO  
City of Mailing Address:: CANNES  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-06400

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: YVES  
Middle Name::  
Family Name:: ADAM  
Name Suffix::  
City of Residence:: AUTHIE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 4 ROUTE DE SAINT LOUET

Address::

City of Mailing Address:: AUTHIE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-14280

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: BERNARD  
Middle Name::  
Family Name:: VILLARET  
Name Suffix::  
City of Residence:: CROIX-CHAPEAU  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 20, RUE DE SALLES  
Address::  
City of Mailing Address:: CROIX-CHAPEAU  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-17220

**Correspondence Information**

Correspondence Customer Number:: 00466

**Representative Information**

Representative Customer Number::	00466
----------------------------------	-------

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/IB2004/002395	6/24/04
PCT/IB2004/002395	An application claiming the benefit under 35 USC 119(e)	60/490,516	7/29/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	03/07779	6/27/03	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::